

SPECIALTY WELL APPLICATION

**Maine Well Drillers Commission
Department of Health and Human Services
Division of Environmental Health
#11 State House Station
286 Water Street, 3rd Floor
Augusta, Maine 04333-0011
(207) 287-5699 Fax (207) 287-4172 TDD (207) 287-5550**

NOTICE: By completing this application for a Specialty Well the property owner acknowledges the following:

Please check each bullet to indicate that it has been read and understood

- ☐ Reduced setbacks from septic system components increases the risk of contamination. A contaminated well can act as a conduit for contamination into an aquifer which threatens other wells in the vicinity.
- ☐ An approved Specialty Well *cannot be drilled* until a Well Variance Deed Covenant has been recorded at the appropriate Registry of Deeds and a copy of the recorded book and page number of the county in which the well is to be drilled is returned to the well driller and forwarded to the Maine Well Drillers Commission.
- ☐ Additional well construction requirements may be included as conditions of approval in order to reduce the risk of contamination. Construction requirements may include the installation of additional casing or liner seals. *For wells proposed less than 40 feet from a leach field the conditions shall include drilling the well large enough to accommodate proper pressure grouting the outside of the casing, usually a hole with a ten (10) inch diameter will be required, casing extended to at least 120 feet, and continuous pressure grouting from bottom to top with a grout identified by the manufacturer as suitable for sealing a well.*
- ☐ The Commission may require that its independent inspector be present during well construction.
- ☐ The owner, by signing this application, authorizes the Maine Well Drillers Commission to inspect the well for compliance with the conditions of approval.
- ☐ The owner and well driller, by signing this application, certify that no other reasonable alternative location for a well with greater setback distances exists on this site and the owner absolves the well driller, pump installer, Municipality and the State of Maine from any liability should the requested variance be inadequate to protect the public health, safety and general welfare.
- ☐ If a Specialty Well becomes contaminated it shall be the responsibility of the owner to have the well sealed by tremie grouting with a bentonite grout manufactured for that purpose.

I hereby certify that, to my knowledge, the information on this form and attachments is true, complete and accurate. **Maine law makes it illegal for persons applying for a Department approval to make false statements upon application with the intent to deceive department officials in the course of their official duties or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offence punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature(s) of Well Owner(s)

Date

Signature of Well Driller

License #

Date

Date Approved

Date Denied

WDC Commission Chair

SPECIALTY WELL APPLICATION

Owner Information

Name: _____

Mailing Address: _____
Street Town Zip Code

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Well Driller Information

Company Name: _____

Driller Name: _____ License Number: _____

Address: _____
Street Town Zip Code

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Project Description

Address: _____
(new well location if different from mailing address) Town Zip Code

Reason for Specialty Well Request: _____
(See Chapter 4 sections 400.3—400.7 of the Rules for guidance)

Setback Distances: From Onsite Leach Field: _____ ft. From Onsite Tank(s): _____ ft.

From Neighbor's Leach Field: _____ ft. From Neighbor's Tank(s): _____ ft.

From Neighbor's Leach Field: _____ ft. From Neighbor's Tank(s): _____ ft.

From Other Potential Sources of Contamination: _____ ft. _____
Description

_____ ft. _____
Description

Well Construction Information: Casing or Liner Seal Depth Proposed/Required: _____ ft. Below Grade

Is Grouting Proposed or Required?: Yes _____ No _____

SPECIALTY WELL APPLICATION

Please complete a site plan for this application. The site plan should be to scale and must identify all of the septic system components, both onsite and on neighboring properties, within 100 feet of the proposed well location. Also include structures, water bodies and any other potential sources of contamination within 100 feet of the well. If required, attach additional information separately.

Scale: 1 square = _____ feet

Scale: 1 square = _____ feet

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The grid covers the entire area of the page, leaving no margins or additional markings.